Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
SOUTHERN DISTRICT OF INDIANA	_		
Case number (if known)	Chapter you are filing under:		
	☐ Chapter 7		
	☐ Chapter 11		
	☐ Chapter 12		
	■ Chapter 13	_	Check if this an amended filing

B 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or prespect)	John	Billie
		First name	First name
		Dennis	Irene
	license or passport).	Middle name	Middle name
	Bring your picture identification to your	Morgan	Morgan
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3747	xxx-xx-3517

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Debtor 1 John Dennis Morgan
Debtor 2 Billie Irene Morgan Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)	■ I have not used any business name or EINs.  Business name(s)
5.	Where you live	8315 Sotheby Drive	If Debtor 2 lives at a different address:
		Indianapolis, IN 46239  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Marion County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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	otor 1 otor 2	John Dennis Morg Billie Irene Morga					Case	number (if known)	
Par	t 2: 1	Fell the Court About	∕our Bank	ruptcy Ca	se				
7.	Bank	hapter of the ruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under		☐ Chapter 7						
			☐ Chapt	ter 11					
			☐ Chapt	ter 12					
			■ Chapt	ter 13					
8.	How	you will pay the fee	abo ord a p	out how yo ler. If your re-printed eed to pay	u may pay. Typically, if you attorney is submitting your	are paying payment or you choos	the fee yourself, you your behalf, you	you may pay with casl ur attorney may pay wit	ur local court for more details h, cashier's check, or money tha credit card or check with cation for Individuals to Pay
			but tha	is not required to	uired to, waive your fee, and	d may do so re unable t	o only if your inco o pay the fee in i	ome is less than 150% nstallments). If you cho	oose this option, you must fill
9.		you filed for uptcy within the	□ No.						
		years?	Yes.						
				District	Indianapolis	When	7/15/13	Case number	13-07473
				District		When		Case number	
				District		When		Case number	
10.		ny bankruptcy s pending or being	■ No						
	filed l not fil you, c	by a spouse who is ling this case with or by a business er, or by an	☐ Yes.						
				Debtor				Relationship to y	/ou
				District		When		Case number, if	
				Debtor				Relationship to y	<u> </u>
				District		When		Case number, if	known
11.		ou rent your ence?	■ No.	Go to li	ne 12.				
	icalu		☐ Yes.	Has yo	ur landlord obtained an evic	tion judgm	ent against you a	and do you want to stay	in your residence?
					No. Go to line 12.				
					Yes. Fill out <i>Initial Stateme</i> bankruptcy petition.	nt About ai	n Eviction Judgm	ent Against You (Form	101A) and file it with this

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	otor 1 <b>John Dennis Mor</b> q otor 2 <b>Billie Irene Morga</b>			Case number (if known)	
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Propriet	or	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.		
		☐ Yes.	Name and location of bus	iness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code  Check the appropriate box to describe your business:		
	it to this petition.		Cneck the appropriate box to describe your business:  ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))		
			Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))		
			Stockbroker (as defined in 11 U.S.C. § 101(51A))		
			☐ Commodity Broke	r (as defined in 11 U.S.C. § 101(6))	
			☐ None of the above		
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set ap deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stat operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the p in 11 U.S.C. 1116(1)(B).			a small business debtor, you must attach your most recent balance sheet, statement of		
	debtor?  For a definition of small	■ No.	I am not filing under Chap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or Any	y Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?		
				Number, Street, City, State & Zip Code	

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Debtor 1 John Dennis Morgan
Debtor 2 Billie Irene Morgan

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions

about finances.

□ Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

☐ Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	otor 1 John Dennis otor 2 Billie Irene I	•				Case nu	umber (if known)	
Par	t 6: Answer These	Questions fo	or Report	ing Purposes				
16.	What kind of debts you have?	<b>do</b> 16a.	indi	your debts primarily consur vidual primarily for a personal, No. Go to line 16b.			e defined in 11 L	J.S.C. § 101(8) as "incurred by an
			_					
		16b.		es. Go to line 17.  your debts primarily busine	se dobte? Busin	acc dobte are d	lahta that you in	ourred to obtain
		100.		ney for a business or investment				
				No. Go to line 16c.				
				es. Go to line 17.				
		16c.	Stat	e the type of debts you owe th	at are not consu	mer debts or bu	isiness debts	
17.	Are you filing unde Chapter 7?	r ■ <sub>N</sub>	lo. I am	n not filing under Chapter 7. Go	to line 18.			
	Do you estimate the after any exempt property is exclude			n filing under Chapter 7. Do you enses are paid that funds will b				
	administrative expe	enses		No				
	be available for distribution to unsecreditors?			es es				
18.	How many Creditor		-49		<b>1</b> ,000-5,000			5,001-50,000
	you estimate that you owe?	□ 50			☐ 5001-10,000 ☐ 10,001-25,0			0,001-100,000 ore than100,000
			00-199 00-999		<b>ப</b> 10,001-23,0	00	L IVI	ore marriou,000
19.	How much do you		0 - \$50,00	00	<b>\$1,000,001</b>	- \$10 million	□ \$5	500,000,001 - \$1 billion
	estimate your asset be worth?	П ф;	50,001 - \$		\$10,000,001			1,000,000,001 - \$10 billion
			,	\$500,000 \$1 million	□ \$50,000,001 □ \$100,000,00	1 - \$100 million 11 - \$500 million		10,000,000,001 - \$50 billion ore than \$50 billion
20.	How much do you		0 - \$50,00	00	<b>\$1,000,001</b>	- \$10 million	□ \$5	500,000,001 - \$1 billion
	estimate your liabil to be?	Ц Ф		\$100,000	□ \$10,000,001			1,000,000,001 - \$10 billion
				\$500,000 \$1 million	□ \$50,000,001 □ \$100,000,00	1 - \$100 million )1 - \$500 million		10,000,000,001 - \$50 billion fore than \$50 billion
Par	t 7: Sign Below							
For	you	I hav	e examin	ed this petition, and I declare u	under penalty of p	perjury that the i	information prov	rided is true and correct.
				en to file under Chapter 7, I am Code. I understand the relief a				apter 7, 11,12, or 13 of title 11, oceed under Chapter 7.
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					ey to help me fill out this		
		I req	uest relie	in accordance with the chapte	er of title 11, Unit	ed States Code	, specified in thi	s petition.
		bank		naking a false statement, conc se can result in fines up to \$25 1.				
				nnis Morgan		/s/ Billie Iren		
			n Denni ature of D	s Morgan Jebtor 1		Billie Irene N Signature of D		
		Exec	cuted on	January 14, 2016		Executed on	January 14,	2016
				MM / DD / YYYY			MM / DD / YYY	

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Debtor 1 Debtor 2	John Dennis Mor Billie Irene Morga				
•	attorney, if you are ted by one	I, the attorney for the debtor(s) named in this petit under Chapter 7, 11, 12, or 13 of title 11, United S for which the person is eligible. I also certify that	states Code, and have e		
	e not represented by ey, you do not need s page.	342(b) and, in a case in which § 707(b)(4)(D) app in the schedules filed with the petition is incorrect.	lies, certify that I have n		
		/s/ Adam Gadberry	Date	January 14, 2016	
		Signature of Attorney for Debtor		MM / DD / YYYY	
		Adam Gadberry			
		Printed name			
		Gloyeski Law Office			
		Firm name			
		7350 North Keystone Avenue Indianapolis, IN 46240			
		Number, Street, City, State & ZIP Code			
		Contact phone 317-423-2416	Email address	gloyeskilawin@hotmail.com	
		31975-29			
		Bar number & State		<del></del>	

FIII	in this information to identify your case:		
Del	btor 1 John Dennis Morgan		
Del	First Name Middle Name Last Name btor 2 <b>Billie Irene Morgan</b>		
(Spo	buse if, filing) First Name Middle Name Last Name		
Uni	ited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA		
	se number	☐ Check if this is an amended filing	
	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information	12/15	
info	as complete and accurate as possible. If two married people are filing together, both are equally responsible f rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		ile
Par	rt 1: Summarize Your Assets		
		Your assets Value of what you own	
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$ 111,000.	.00
	1b. Copy line 62, Total personal property, from Schedule A/B		.00
	1c. Copy line 63, Total of all property on Schedule A/B	. \$ 134,983.	.00
Par	rt 2: Summarize Your Liabilities		
		Your liabilities	
		I our maximues	
		Amount you owe	
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	440.044	.54
<ol> <li>3.</li> </ol>		\$\$	.54
	2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$\$\$\$\$	.00
	2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 148,944. \$ 0. \$ 27,670.	.00
3.	<ul> <li>2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> <li>Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)</li> <li>3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F</li> <li>3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F</li> </ul>	\$ 148,944. \$ 0. \$ 27,670.	.00
3.	2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 148,944. \$ 0. \$ 27,670. \$ 176,615.36	.00 .82
3.	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 148,944. \$ 0. \$ 27,670. \$ 176,615.36	.00
3. Par 4. 5.	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 148,944. \$ 0. \$ 27,670. \$ 176,615.36	.00
3. Par 4. 5.	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 148,944. \$ 0. \$ 27,670. \$ 176,615.36 \$ 2,582. \$ 1,223.	.00
<ul><li>3.</li><li>Par</li><li>4.</li><li>5.</li><li>Par</li></ul>	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 148,944. \$ 0. \$ 27,670. \$ 176,615.36 \$ 2,582. \$ 1,223.	.00
3. Par 4. 5. Par 6.	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 148,944. \$ 0. \$ 27,670. \$ 176,615.36 \$ 1,223.  our other schedules.	.00

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 2	Billie Irene Morgan	Case number (if known)		
	m the <i>Statement of Your Current Monthly Income</i> : Co A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 I		\$	0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 John Dennis Morgan

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

#### Case 16-00382-JMC-13 Doc 1 Filed 01/26/16 EOD 01/26/16 14:19:28 Pg 10 of 54

Fill in this info	ormation to identify your case and th	nis filling:		
Debtor 1	John Dennis Morgan			
Dalatan O	First Name Middle	Name Last Name		
Debtor 2 (Spouse, if filing)	Billie Irene Morgan First Name Middle	Name Last Name		
United States I	Bankruptcy Court for the: SOUTHER	N DISTRICT OF INDIANA		
Case number				☐ Check if this is ar amended filing
Official F	orm 106A/B			-
<b>Sched</b> u	lle A/B: Property			12/15
1.1 <b>8315 SO</b>	Part 2.  The is the property?  THEBY DRIVE  Service of the property of the pro	What is the property? Check all that apply.  ■ Single-family home □ Duplex or multi-unit building	Do not deduct secured cl amount of any secured c Creditors Who Have Cla	
Indianap		Condominium or cooperative  Manufactured or mobile home  Land	Current value of the entire property?	Current value of the portion you own?
City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one. ☐ Debtor 1 only		\$111,000.00  your ownership interest lancy by the entireties, or ntirety
Marion		Debtor 2 only		
County		■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another  Other information you wish to add about this iter property identification number:	Check if this is cor (see instructions) m, such as local	nmunity property
pages you		r all of your entries from Part 1, including an		\$111,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debt Debt		ohn Dennis Sillie Irene N			Case number (if known)	
3. <b>C</b> a	ırs, vans	trucks, trac	tors, sport utility ve	ehicles, motorcycles		
	No					
	Yes					
3.1	Make:	CHEVRO	LET	Who has an interest in the property? Check one.		red claims or exemptions. Put secured claims on <i>Schedule D:</i>
	Model:	EQUINO	(	☐ Debtor 1 only		re Claims Secured by Property.
	Year:	2014		Debtor 2 only	Current value of the	ne Current value of the
		nate mileage:	20,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:		At least one of the debtors and another		
				☐ Check if this is community property (see instructions)	\$15,483	.00 \$15,483.00
	ages you	have attache		vn for all of your entries from Part 2, includin that number here		\$15,483.00
Do y	ou own o	or have any l	egal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E		goods and f Major applian		s, china, kitchenware		
	Yes. De	escribe	LIVING BOOM	DET DINING DOOM OFT DIGUES I INC	IC DOTO	
				SET, DINING ROOM SET, DISHES, LINEN ALL AND LARGE KITCHEN APPLIANCE		\$4,000.00
			KIRBY VACUUM	M (SURRENDER)		\$200.00
			SLEEPING NUM	MBER		\$200.00
			KIRBY VACUM			\$500.00
			BEDROOM SUI	TE		\$1,000.00
	No	Televisions a		eo, stereo, and digital equipment; computers, pi nedia players, games	rinters, scanners; music c	collections; electronic devices
	. 55. 50		TV, COMPUTER	λ,		\$400.00
E	xamples:		figurines; paintings, ons, memorabilia, co	prints, or other artwork; books, pictures, or othe ollectibles	er art objects; stamp, coin	, or baseball card collections;

Yes. Describe.....

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Debtor 1 Debtor 2	John Denn Billie Irene		Case number (if known,	)
		BOOKS CDS, DVDS, PICTURES		\$100.00
Examp □ No	musical ins	ographic, exercise, and other hobby equipment; bicycles, poc	ol tables, golf clubs, skis; canoe	s and kayaks; carpentry tools;
■ Yes	s. Describe	20 GAGE PUMP SHOTGUN		\$200.00
■ No		es, shotguns, ammunition, and related equipment		
☐ No	nples: Everyday o	clothes, furs, leather coats, designer wear, shoes, accessories	;	
■ Yes	s. Describe	NECESSARY WEARING APPAREL		\$200.00
☐ No		ewelry, costume jewelry, engagement rings, wedding rings, he	eirloom jewelry, watches, gems	gold, silver
_ 100		BROKEN WEDDING RING		\$100.00
Exam □ No -	arm animals  nples: Dogs, cats  Describe	birds, horses  2 DOGS		\$0.00
□ No	other personal a	nd household items you did not already list, including any	y health aids you did not list	
_ 103	. Olve specifie ii	REFRIGERATOR		\$500.00
		of all of your entries from Part 3, including any entries for the number here		\$7,400.00
	escribe Your Fina	ncial Assets legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	nples: Money you	have in your wallet, in your home, in a safe deposit box, and	on hand when you file your peti	ition
Exam		savings, or other financial accounts; certificates of deposit; sh . If you have multiple accounts with the same institution, list e		e houses, and other similar
□ No ■ Yes	S	Institution name:		
	orm 106A/B	Schedule A/B: Property		page 3

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Debtor 1 Debtor 2	John Dennis M Billie Irene Mor		n 		Case number (if known)			
		17.1.	Checking	BMO HARRIS		\$50.00		
		17.2.	Checking	BMO HARRIS		\$50.00		
	s, mutual funds, or parallels: Bond funds, inv			okerage firms, money market	accounts			
■ No □ Yes	······		Institution or issuer	name:				
and j	oublicly traded stock	c and	interests in incorpo	orated and unincorporated	businesses, including an interest	in an LLC, partnership,		
■ No □ Yes	. Give specific inform	nation	about them					
			ne of entity:		% of ownership:			
Nego	tiable instruments inc	lude p	ersonal checks, cas	otiable and non-negotiable in shiers' checks, promissory no ansfer to someone by signing	otes, and money orders.			
	. Give specific inform		about them ler name:					
Exan ■ No	. List each account se	, ERIS	SA, Keogh, 401(k), 4	103(b), thrift savings accounts  Institution name:	s, or other pension or profit-sharing p	olans		
22. <b>Secu</b> i	rity deposits and pre	,,						
Your	share of all unused de	eposit	s you have made so	o that you may continue service public utilities (electric, gas, v	ce or use from a company water), telecommunications compani	es, or others		
				Institution name or ind	lividual:			
23. Annu	ities (A contract for a	period	dic payment of mone	ey to you, either for life or for	a number of years)			
_ `	lssue	r nam	e and description.					
26 U.S	sts in an education I S.C. §§ 530(b)(1), 529			ualified ABLE program, or u	under a qualified state tuition prog	gram.		
■ No □ Yes	Institu	ution n	ame and description	n. Separately file the records	of any interests.11 U.S.C. § 521(c):			
25. <b>Trust</b> : ■ No	s, equitable or future	e inte	rests in property (o	ther than anything listed in	line 1), and rights or powers exer	cisable for your benefit		
	. Give specific inform	nation	about them					
Exan				nd other intellectual properteds from royalties and licensing				
■ No □ Yes	. Give specific inform	nation	about them					
	ses, franchises, and nples: Building permits				liquor licenses, professional license	s		
	. Give specific inform	nation	about them					
Money or	r property owed to y	ou?				Current value of the portion you own?  Do not deduct secured		

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	ebtor 1 ebtor 2	John Dennis Morgan Billie Irene Morgan		Case number (if known)	
					claims or exemptions.
	■ No	unds owed to you  Give specific information about them, including whether y	ou already filed t	the returns and the tax years	
	■ No	support les: Past due or lump sum alimony, spousal support, chile Give specific information	d support, maint	enance, divorce settlement, propert	y settlement
	Example  No	mounts someone owes you les: Unpaid wages, disability insurance payments, disabil benefits; unpaid loans you made to someone else Give specific information	ity benefits, sick	pay, vacation pay, workers' compe	ensation, Social Security
	<i>Exampl</i> □ No	es in insurance policies les: Health, disability, or life insurance; health savings ac		edit, homeowner's, or renter's insura	nce
	■ Yes. N	Name the insurance company of each policy and list its von Company name:	alue.	Beneficiary:	Surrender or refund value:
		FIDELITY TERM AND WHOLE CASH SURRENDER VALUE 1		EACH OTHER	\$1,000.00
	If you a someor	erest in property that is due you from someone who have the beneficiary of a living trust, expect proceeds from an end has died.  Give specific information		policy, or are currently entitled to rec	ceive property because
33.		against third parties, whether or not you have filed a les: Accidents, employment disputes, insurance claims, or		e a demand for payment	
	☐ Yes.	Describe each claim			
	■ No	ontingent and unliquidated claims of every nature, in  Describe each claim	cluding counte	rclaims of the debtor and rights t	o set off claims
	Any fina ■ No	ancial assets you did not already list			
	☐ Yes.	Give specific information			
36		ne dollar value of all of your entries from Part 4, incluent 4. Write that number here			\$1,100.00
Pa	rt 5: Des	cribe Any Business-Related Property You Own or Have an Int	erest In. List any r	real estate in Part 1.	
	-	wn or have any legal or equitable interest in any business-rela	ted property?		
	■ No. Go t □ Yes. Go	to Part 6. o to line 38.			
Pa		cribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	ou Own or Have a	n Interest In.	

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	tor 1 tor 2	John Dennis Morgan Billie Irene Morgan		_	Case number (if known)	
46. <b>I</b>		own or have any legal or equitable interest in any fa	rm- or commercia	l fishi	ing-related property?	
		Go to Part 7.				
		Go to line 47.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
Part	7: Des	scribe All Property You Own or Have an Interest in That You I	Did Not List Above			
		have other property of any kind you did not already les: Season tickets, country club membership	list?			
	No					
	Yes. (	Give specific information				
54.	Add th	ne dollar value of all of your entries from Part 7. Writ	e that number her	е		\$0.00
Part	8: List	the Totals of Each Part of this Form				
55.	Part 1	: Total real estate, line 2				\$111,000.00
56.	Part 2	: Total vehicles, line 5	\$15,48	3.00		· · ·
		: Total personal and household items, line 15	\$7,40			
		: Total financial assets, line 36	\$1,10	0.00		
59.	Part 5	: Total business-related property, line 45	\$	0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$	0.00		
61.	Part 7	: Total other property not listed, line 54	+\$	0.00		
62.	Total	personal property. Add lines 56 through 61	\$23,98	3.00	Copy personal property to	otal <b>\$23,983.00</b>
63.	Total	of all property on Schedule A/B. Add line 55 + line 62				\$134,983.00

Fill in this infor	mation to identify your	case:		
Debtor 1	John Dennis Mor	gan		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA	
Case number _				☐ Check if this is an amended filing

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	-	-		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
8315 SOTHEBY DRIVE Indianapolis, IN 46239 Marion County	\$111,000.00		\$35,200.00	Ind. Code § 34-55-10-2(c)(1
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2014 CHEVROLET EQUINOX 20,000 miles	\$15,483.00		\$0.00	Ind. Code § 34-55-10-2(c)(2
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
LIVING ROOM SET, DINING ROOM SET, DISHES, LINENS, POTS AND	\$4,000.00		\$4,000.00	Ind. Code § 34-55-10-2(c)(2
PANS, SMALL AND LARGE KITCHEN APPLIANCES, GRILL, LAWN MOWER Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
KIRBY VACUUM (SURRENDER) Line from Schedule A/B: 6.2	\$200.00		\$0.00	Ind. Code § 34-55-10-2(c)(2
Ellio II Sili Soriodalo 77 B. 412			100% of fair market value, up to any applicable statutory limit	
KIRBY VACUM Line from Schedule A/B: 6.4	\$500.00		\$0.00	Ind. Code § 34-55-10-2(c)(2
Ello Holli Gorioddio 7 v B. G. I			100% of fair market value, up to any applicable statutory limit	

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ebtor 2 Billie Irene Morgan			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
BEDROOM SUITE	\$1,000.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 6.5			100% of fair market value, up to any applicable statutory limit	
TV, COMPUTER, Line from Schedule A/B: 7.1	\$400.00		\$400.00	Ind. Code § 34-55-10-2(c)(2)
			100% of fair market value, up to any applicable statutory limit	
BOOKS CDS, DVDS, PICTURES Line from Schedule A/B; 8.1	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2)
			100% of fair market value, up to any applicable statutory limit	
20 GAGE PUMP SHOTGUN Line from Schedule A/B: 9.1	\$200.00		\$200.00	Ind. Code § 34-55-10-2(c)(2)
			100% of fair market value, up to any applicable statutory limit	
NECESSARY WEARING APPAREL Line from Schedule A/B; 11.1	\$200.00		\$200.00	Ind. Code § 34-55-10-2(c)(2)
Ellie Holli Golloddic 745. 1111			100% of fair market value, up to any applicable statutory limit	
BROKEN WEDDING RING Line from Schedule A/B: 12.1	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2)
			100% of fair market value, up to any applicable statutory limit	
2 DOGS Line from Schedule A/B; 13.1	\$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
			100% of fair market value, up to any applicable statutory limit	
Checking: BMO HARRIS Line from Schedule A/B; 17.1	\$50.00		\$50.00	Ind. Code § 34-55-10-2(c)(3)
			100% of fair market value, up to any applicable statutory limit	
Checking: BMO HARRIS Line from Schedule A/B: 17.2	\$50.00		\$50.00	Ind. Code § 34-55-10-2(c)(3)
			100% of fair market value, up to any applicable statutory limit	
FIDELITY TERM AND WHOLE LIFE CASH SURRENDER VALUE 1,000	\$1,000.00		100%	Ind. Code § 27-2-5-1 (b)
Beneficiary: EACH OTHER Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every			iled on or after the date of adjustme	ont )
No	, o yours arrer marror or	uo <del>c</del> o I	iloa on or andr the date of adjustifie	·,
☐ Yes. Did you acquire the property cove	red by the exemption w	ithin 1	,215 days before you filed this case	?
□ No				
☐ Yes				

Debtor 1 John Dennis Morgan

					•	
Fill in this information to ic	dentify your	case:				
Debtor 1 John D	Dennis Mor	raan				
First Name		Middle Name	Last Name		-	
	rene Morga				_	
(Spouse if, filing) First Name	)	Middle Name	Last Name			
United States Bankruptcy Co	ourt for the:	SOUTHERN DISTRICT OF INDI	IANA		_	
Casa number						
Case number					☐ Check	if this is an
					amen	ded filing
0": 15 4000						
Official Form 106D			_	_		
Schedule D: Cre	ditors	Who Have Claims S	ecured	by Propert	У	12/15
		wo married people are filing together, number the entries, and attach it to this				
1. Do any creditors have claims	secured by v	our property?				
•		is form to the court with your other s	schedules You	ı have nothing else	to report on this form	
Yes. Fill in all of the in				aro nouning olde	to roport on tillo form.	
		elow.				
Part 1: List All Secured (		and the second state of the telescope distance and the second state of the second stat		Column A	Column B	Column C
	ditor has a par	re than one secured claim, list the creditor ticular claim, list the other creditors in Pa according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 ACCEPTANCE NOV	N	Describe the property that secures the	e claim:	\$2,000.00	\$500.00	\$1,500.00
Creditor's Name		REFRIGERATOR				
5501 HEADQUARTE		As of the date you file, the claim is: Ch	eck all that			
Plano, TX 75024		apply.  Contingent				
Number, Street, City, State & Z	-	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check of	one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only☐ Debtor 2 only		<ul> <li>An agreement you made (such as mo car loan)</li> </ul>	ortgage or secure	ed		
■ Debtor 1 and Debtor 2 only		Statutory lien (such as tax lien, mechanism	anic's lien)			
☐ At least one of the debtors and		☐ Judgment lien from a lawsuit	,			
☐ Check if this claim relates to		Other (including a right to offset)	Purchase			
community debt		, , ,	Money			
			Security			
Date debt was incurred 2/20	013	Last 4 digits of account numbe	r 322			
2.2 ALLY FINANCIAL		Describe the property that secures the	e claim:	\$30,000.00	\$15,483.00	\$14,517.00
Creditor's Name		2014 CHEVROLET EQUINOX	20,000			
ATTN: BANKRUPTO	CY	miles				
DEPT 200 RENAISSANCE		As of the date you file, the claim is: Ch	eck all that			
Detroit, MI 48243	_	apply.  Contingent				
Number, Street, City, State & Z		☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check of		Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mo car loan)	ortgage or secure	ed .		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mech	anic's lien)			
■ Debtor 1 and Debtor 2 only  At least one of the debtors and		☐ Judgment lien from a lawsuit	a. 110 0 11011 <i>)</i>			
☐ Check if this claim relates to		Other (including a right to offset)	Automobil	e		
community debt	-	— Julier (morduling a right to offset)	Loan			
Date debt was incurred 5/20	015	Last 4 digits of account numbe	r 2323			
<u> </u>		-				

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Deb	otor 1 John Dennis Morgan		C	ase number (if know)		
	First Name Middle Na	ame Last Name		_		
Deb	otor 2 Billie Irene Morgan First Name Middle Na	ame Last Name				
	That Name Whate No.	ane Last Name				
2.3	CAPITAL ONE			<b>#4 500 00</b>	<b>****</b>	<b>*</b> 4 <b>***</b> *
2.5	FINANCIAL	Describe the property that secures the	claim:	\$1,500.00	\$200.00	\$1,300.00
	Creditor's Name	SLEEPING NUMBER				
	PO BOX 71083	As of the date you file, the claim is: Che	ck all that			
	Charlotte, NC 28272	apply.  Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who	o owes the debt? Check one.	Nature of lien. Check all that apply.				
	Debtor 1 only	An agreement you made (such as mor	tgage or secur	ed		
_	Debtor 2 only	car loan)				
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
	At least one of the debtors and another	☐ Judgment lien from a lawsuit	Durchase			
	Check if this claim relates to a community debt	Other (including a right to offset)	Purchase Money			
	community debt		Security			
Date	e debt was incurred 2012	Last 4 digits of account number	3517			
	COMENITY BANK/ROOM					
2.4	PLACE	Describe the property that secures the	claim:	\$2,673.00	\$1,000.00	\$1,673.00
	Creditor's Name	BEDROOM SUITE				
	DO DOV 400405	As of the date you file, the claim is: Che	ck all that			
	PO BOX 182125 Columbus, OH 43218	apply.				
	Number, Street, City, State & Zip Code	Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who	o owes the debt? Check one.	Nature of lien. Check all that apply.				
	Debtor 1 only	☐ An agreement you made (such as mor	tgage or secur	ed		
	Debtor 2 only	car loan)				
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
ПА	At least one of the debtors and another	☐ Judgment lien from a lawsuit				
	Check if this claim relates to a	Other (including a right to offset)	Purchase			
•	community debt		Money			
			Security			
Date	debt was incurred 2/2015	Last 4 digits of account number	2323			
0.5	FIRST LINE FINANCIAL	Describe the preparty that accuracy that	claim:	\$1,005.00	\$200.00	\$805.00
2.5	Creditor's Name	Describe the property that secures the KIRBY VACUUM (SURRENDE		\$1,005.00	\$200.00	\$605.00
		KIRBT VACOOM (SORRENDE)	`			
	2405 S MICHIGAN					
	AVENUE	As of the date you file, the claim is: Che apply.	ck all that			
	Chicago, IL 60616	Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
\A/!-	a cure the debta chard	Disputed				
	o owes the debt? Check one.	Nature of lien. Check all that apply.	+aoac	ad		
	Debtor 1 only Debtor 2 only		tgage or secur	eu		
_	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
	Note that Debtor 2 only  At least one of the debtors and another	☐ Judgment lien from a lawsuit	,			
	Check if this claim relates to a	Other (including a right to offset)	Purchase			
	community debt	— Outer (including a light to ottoet)	Money Security			

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debtor 1 John Dennis Morgan		(	Case number (if know)		
First Name Middle N	ame Last Name	<del></del>			
Debtor 2 Billie Irene Morgan First Name Middle N	ame Last Name	_			
THE NAME WHILE IN	and Last Name				
Date debt was incurred	Last 4 digits of account numb	per 3232			
2.6 FREEDOM MORTGAGE CORPORATION	Describe the property that secures to	he claim:	\$110,266.54	\$111,000.00	\$0.00
Creditor's Name	8315 SOTHEBY DRIVE India	napolis,			
INTERSTATE	IN 46239 Marion County	-			
COMMERCE CENTER	As of the date you file, the claim is:	Check all that			
BUILDING 9, SUITE 200 Norfolk, VA 23502	apply.				
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated				
Number, Street, Oity, State & Zip Code	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as r car loan)	nortgage or secu	ured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Mortgage	<del>)</del>		
Date debt was incurred 02/213	Last 4 digits of account numb	per 0823			
2.7 S.T. SYSTEMS	Describe the property that secures the	he claim:	\$1,500.00	\$500.00	\$1,000.00
Creditor's Name	KIRBY VACUM				
8008 TYLER ST	As of the date you file, the claim is:	Check all that			
Merrillville, IN 46410	apply.  Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as r	nortgage or secu	ıred		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit	Purchase			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Money Security	7		
Date debt was incurred 2/2014	Last 4 digits of account numb	per 2322			
Add the dollar value of your entries in Co	olumn A on this page. Write that numb	er here:	\$148,944.	54	
If this is the last page of your form, add t	· -		\$148,944.		
Write that number here:			Ψ1-0,3-1	34	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed				
Use this page only if you have others to be to collect from you for a debt you owe to s creditor for any of the debts that you listed do not fill out or submit this page.  Name Address	omeone else, list the creditor in Part 1	, and then list the	he collection agency here.	Similarly, if you have m	nore than one
SELECT COMFORT/GECRE PO BOX 965036	в о	n which line	e in Part 1 did you e	nter the creditor?	2.3
Orlando, FL 32896	Li	ast 4 digits	of account number		

Official Form 106D

Fill in	this information to identify your case:				
Debto		liddle Name Last Name			
Debto	Billie Irene Morgan				
(Spouse		fiddle Name Last Name			
United	States Bankruptcy Court for the: SOUT	HERN DISTRICT OF INDIANA			
_					
Case r	number			☐ Check if this is	ic on
(	,			amended filing	
				arronada min	9
Offic	ial Form 106E/F				
Sch	edule E/F: Creditors Who	Have Unsecured Cla	aims		12/15
any exe Schedu D: Cred the Con number Part 1 1. Part 2 3.	Do any creditors have priority unsecured clair  No. Go to Part 2.  Yes.  List All of Your NONPRIORITY Unse  Do any creditors have nonpriority unsecured of  No. You have nothing to report in this part. Su  Yes.	d result in a claim. Also list executory es (Official Form 106G). Do not include more space is needed, copy the Part yrmation to report in a Part, do not file to d Claims  In a against you?  Cured Claims  Claims against you?  bmit this form to the court with your other	contracts on Schedule A/B: Property any creditors with partially secured you need, fill it out, number the entrie that Part. On the top of any additional	r (Official Form 106A/B) claims that are listed in s in the boxes on the lo I pages, write your nam	) and on in Schedule eft. Attach ne and case
4.	List all of your nonpriority unsecured claims in unsecured claim, list the creditor separately for ea than one creditor holds a particular claim, list the Part 2.	ach claim. For each claim listed, identify v	what type of claim it is. Do not list claims	already included in Part	t 1. If more
4.1	AMERI MARK PREMIER	Lord A. Politica Communication	4663		150.00
7.1	Priority Creditor's Name	Last 4 digits of account number	4003	\$	130.00
	PO BOX 2845	When was the debt incurred?	2012		
	Monroe, WI 53566  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	Пол			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	_	Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another	☐ Student loans			
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you dic	J	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify	CAL		
4.2	AT & T	Last 4 digits of account number	2332	\$	490.00
	Priority Creditor's Name	MILES SERVICE	0/0040		
	C/O ENHANCED RECOVERY CO PO BOX 57547	When was the debt incurred?	2/2013		
	Jacksonville, FL 32241  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		

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	1 Jonn Dennis Morgan 2 Billie Irene Morgan		Case number (if know)		
	Who incurred the debt? Check one.	☐ Contingent			
	☐ Debtor 1 only	- Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	ration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify CABL	E		
4.3	AT&T MOBILITY	Last 4 digits of account number	2121	\$	2,311.83
	Priority Creditor's Name PO BOX 5014	When was the debt incurred?	3/2013		
	Carol Stream, IL 60197-5014	When was the debt incurred:	3/2013		
-	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	_	□ Disputed			
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	☐ Student loans	- Juliu		
	debt	Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	ration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify	PHONE		
4.4	CAPITALONE BANK USA	Last 4 digits of account number	1983	\$	11,120.18
	Priority Creditor's Name	-		· <u> </u>	<u> </u>
	P.O. BOX 30281 Salt Lake City, UT 84130	When was the debt incurred?	2012		
-	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	☐ Debtor 1 only				
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?		ration agreement or divorce that you did		
	■ No	not report as priority claims  Debts to pension or profit-sharin	n plans, and other similar debts		
	☐ Yes	Other. Specify REPO	SESSION DEFICIENCY		
1 1	COMENITY BANK/FASHBUG	Last 4 digits of account number	3433	\$	113.00
	Priority Creditor's Name PO BOX 182272 Columbus, OH 43218	When was the debt incurred?	11/2007		
-	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		

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Debtor Debtor	1 John Dennis Morgan 2 Billie Irene Morgan		Case number (if know)	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepa	aration agreement or divorce that you did	
	No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
	Yes	Other. Specify	ECTIONS	
4.6	COMENITY BANK/ROOM PLACE	Last 4 digits of account number	6120	\$ 2,346.91
	Priority Creditor's Name PO BOX 182125	When was the debt incurred?	6/2015	
	Columbus, OH 43218  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify	IITURE	
4.7	CREDIT ONE BANK	Last 4 digits of account number	3299	\$ 512.68
	Priority Creditor's Name PO BOX 98873	When was the debt incurred?	2013	
	Las Vegas, NV 89193  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another☐ Check if this claim is for a community	☐ Student loans	u Claiiii.	
	debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify CRED	DIT CARD	
4.8	DUKE ENERGY	Last 4 digits of account number	3747	\$ 660.00
	Priority Creditor's Name PO BOX 9001076 Louisville, KY 40290	When was the debt incurred?	03/2010	

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	John Dennis Morgan Billie Irene Morgan		Case number (if know)	
	Number Street City State Zlp Code	As of the date you file, the claim	n is: Check all that apply	
,	Who incurred the debt? Check one.	☐ Contingent		
I	Debtor 1 only	- contingent		
I	Debtor 2 only	☐ Unliquidated		
1	Debtor 1 and Debtor 2 only	☐ Disputed		
I	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	s the claim subject to offset?	☐ Obligations arising out of a se not report as priority claims	paration agreement or divorce that you did	
1	No	Debts to pension or profit-sha	ring plans, and other similar debts	
I	Yes	Other. Specify PAS	T UTILITY	
4.9	FIRST HEALTH PART D		2747	 72.00
	Priority Creditor's Name	Last 4 digits of account numbe	r <u>3747</u>	\$ 72.00
	PO BOX 6555 Carol Stream, IL 60197	When was the debt incurred?	04/2013	
	Number Street City State Zlp Code	As of the date you file, the claim	n is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated		
İ	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	is the claim subject to offset?	☐ Obligations arising out of a se not report as priority claims	paration agreement or divorce that you did	
I	No	Debts to pension or profit-sha	ring plans, and other similar debts	
I	Yes	Other. Specify	DICAL	
4.10	GE CAPITAL RETAIL BANK		r 4022	 2,680.91
	Priority Creditor's Name	Last 4 digits of account numbe	r 4022	\$ 2,000.31
ı	PO BOX 960061 Orlando, FL 32896	When was the debt incurred?	2012	
	Number Street City State Zlp Code	As of the date you file, the clain	n is: Check all that apply	
,	Who incurred the debt? Check one.	☐ Contingent		
I	Debtor 1 only	- Contingent		
ļ	Debtor 2 only	☐ Unliquidated		
1	Debtor 1 and Debtor 2 only	☐ Disputed		
I	At least one of the debtors and another	Type of NONPRIORITY unsecur	red claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	ls the claim subject to offset?	☐ Obligations arising out of a se not report as priority claims	paration agreement or divorce that you did	
1	No	Debts to pension or profit-sha	ring plans, and other similar debts	
I	Yes	Other. Specify	dit card purchases	
4.11	V JODDAN		24.47	 29.64
	K JORDAN Priority Creditor's Name	Last 4 digits of account numbe	r <u>2147</u>	\$ 29.04

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	1 John Dennis Morgan 2 Billie Irene Morgan	Case number (if know)	
	913 FIRST AVENUE Chippewa Falls, WI 54729	When was the debt incurred? 2012	
=	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  □ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify MEDICAL	
	MAYFAIR VILLAGE HOMEOWNERS	Last 4 digits of account number 1211	\$ 270.00
	Priority Creditor's Name 111711 N COLLEGE AVE SUITE 100	When was the debt incurred? 2/2014	
	Carmel, IN 46032  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify HOMEOWNERS FEES	
1.13	MIDNIGHT VELVET	Last 4 digits of account number 5550	\$ 140.52
	Priority Creditor's Name 1112 7TH AVENUE	When was the debt incurred? 2012	
	Monroe, WI 53566  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts	

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Debtoi Debtoi	1 John Dennis Morgan 2 Billie Irene Morgan		Case number (if know)		
4.14	MIDNIGHT VELVET	Last 4 digits of account number	0550	\$	425.50
	Priority Creditor's Name 1112 7TH AVENUE Monroe, WI 53566	When was the debt incurred?	2012		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify	CAL		
4.15	NORTHSTAR ALARM SERVICES	Last 4 digits of account number	121	\$	2,519.00
_	Priority Creditor's Name 1280 S 800 E SUITE 350	When was the debt incurred?	7/2012		
	Orem, UT 84097  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify CRED	IT		
4.16	SHOP NOW PAY PLAN	Last 4 digits of account number	0993	\$	216.28
	Priority Creditor's Name PO BOX 2852	When was the debt incurred?	2012	_	
	Monroe, WI 53566  Number Street City State Zlo Code	As of the date you file, the claim i	s: Check all that apply		

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	· 1 Jonn Dennis Morgan · 2 Billie Irene Morgan		Case number (if know)		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	- Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Credit	t card purchases		
4.17	SHOP NOW PAY PLAN	Last 4 digits of account number	4663	\$	188.37
	Priority Creditor's Name PO BOX 2852	When was the debt incurred?	2012		
	Monroe, WI 53566		2012		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	<u>_</u>			
	Is the claim subject to offset?	□ Obligations arising out of a sepanot report as priority claims	aration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Credit	t card purchases		
4.18	SYNCB/AMAZON PLCC	Last 4 digits of account number	4343	\$	700.00
	Priority Creditor's Name	Last 4 digits of assessin number		<u> </u>	
	P.O BOX 965015 Orlando, FL 32896	When was the debt incurred?	1/2016		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	☐ Debtor 1 only				
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepa	aration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify CRED	IT CARD		
4.19	SYNCB/CARE CREDIT	Last 4 digits of account number	5454	\$	800.00
	Priority Creditor's Name P.O. BOX 965036	When was the debt incurred?	1/2013		
	Orlando, FL 32896  Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		

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	or 2 Billie Irene Morgan		Case number (if know)	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only	<b>L</b> containgent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	rration agreement or divorce that you did	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify MEDIC	CAL	
4.20	UNITED CONSUMER FINANCIAL SERVICES	Last 4 digits of account number	3284	\$ 1,824.00
	Priority Creditor's Name BASS & ASSOCIATES, P.C. 3936 E FT LOWELL RD STE 200 Tucson, AZ 85712	When was the debt incurred?	2015	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	☐ Debtor 1 only			
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another			
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify COLL	ECTION	
4.21	WEBBANK/FINGERHUT	Last 4 digits of account number	1211	\$ 100.00
	Priority Creditor's Name 6250 RIDGEWOOD ROA Saint Cloud, MN 56303	When was the debt incurred?	5/2012	
	Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		aration agreement or divorce that you did	
	■ No	not report as priority claims  Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes			
	<b>_</b> 100	Other. Specify CRED	••	

Part 3: List Others to Be Notified About a Debt That You Already Listed

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	nn Dennis Morgan ie Irene Morgan		Case nu	umber (if know)		
trying to colle more than on	ct from you for a debt you owe to s	ed about your bankruptcy, for a debt tha comeone else, list the original creditor in you listed in Parts 1 or 2, list the additio t this page.	n Parts 1 or 2,	then list the collectio	n agency here. Similarl	y, if you have
Name Addre	ss	On which entry in Part 1 or	Part2 did	you list the origi	nal creditor?	
APELLES		Line 4.4 of (Check one):	□ Part 1:	: Creditors with Pr	riority Unsecured C	laims
PO BOX 119 Westerville,	· <del>-</del>		■ Part 2:	: Creditors with No	onpriority Unsecure	ed Claims
wester ville,	OH 43000	Last 4 digits of account nu	ımber			
Name Address CREDENCE 17000 DALLAS PARKWAY SUTIE 204		On which entry in Part 1 or Line 4.3 of (Check one):	☐ Part 1:	Creditors with Pr	nal creditor? riority Unsecured Conpriority Unsecure	
Dallas, TX 7	5248	Last 4 digits of account nu	ımber			
Name Addre	SS	On which entry in Part 1 or	Part2 did	you list the origi	nal creditor?	
DR. LEONA		Line 4.14 of (Check one):	□ Part 1:	Creditors with Pr	riority Unsecured C	laims
PO BOX 284 Monroe, WI	· ·		Part 2:	: Creditors with No	onpriority Unsecure	ed Claims
Monioe, Wi	33300	Last 4 digits of account nu	ımber			
Part 4: Add	I the Amounts for Each Type o	of Unsecured Claim				
6. Total the amo		claims. This information is for statistical	al reporting pu	urposes only. 28 U.S.C	C. §159. Add the amoun	ts for each type
				Total claim		
Total claims	6a. <b>Domestic support obliga</b> t	tions	6a.	\$	0.00	

				i otai ciai	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	27,670.82
	6j.	Total. Add lines 6f through 6i.	6j.	\$	27,670.82

Fill in this inform	Fill in this information to identify your case:									
Debtor 1	John Dennis Mor	gan								
	First Name	Middle Name	Last Name							
Debtor 2	Billie Irene Morga	ın								
(Spouse if, filing)	First Name	Middle Name	Last Name							
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA							
Case number (if known)					☐ Check if this is an amended filing					

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					<u> </u>
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		State	ZIF COUE	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

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					•
Fill in this in	nformation to identify you	ır case:			
Debtor 1	John Dennis Mo				
200101	First Name	Middle Name	Last Name		
Debtor 2	Billie Irene Morg	•			
(Spouse if, filing)	) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the	SOUTHERN DISTRICT	OF INDIANA		
Case numbe	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
	ile H: Your Co	dobtoro			4044
Scheat	ile n. Your Co	Jeptors			12/15
1. <b>Do y</b> o ■ No	ou have any codebtors? (	If you are filing a joint case,	do not list either spouse	e as a codebtor.	
☐ Yes					
Arizona, ■ No. G □ Yes. I	California, Idaho, Louisian So to line 3. Did your spouse, former sp	a, Nevada, New Mexico, Pu	uerto Rico, Texas, Wash		ates and territories include
in line 2 Form 10	again as a codebtor only	/ if that person is a guara	ntor or cosigner. Make	sure you have listed the o	creditor on Schedule D (Officia hedule E/F, or Schedule G to
	olumn 1: Your codebtor me, Number, Street, City, State and	ZIP Code		Column 2: The creditor Check all schedules the	or to whom you owe the debt at apply:
3.1				☐ Schedule D, line	
Na	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
Nu	ımber Street			_	
Cit	ty	State	ZIP Code		
3.2				☐ Schedule D, line	
	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
Nu	ımber Street			_	
Cit	ty	State	ZIP Code		

							_			
Fill in this information to identify your case:										
De	Debtor 1 John Dennis Morgan					_				
Debtor 2 (Spouse, if filing)  Billie Irene Morgan					_					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA										
Ca	se number						Check if this is	:		
(If k	nown)			-			☐ An amend	_		
									wing postpetition e following date	
0	fficial Form	106I					MM / DD/		- · · · · · · · · · · · · · · · · · · ·	
S	chedule I:	Your Inc	ome				IVIIVI / DD/			12/15
spo atta	ouse. If you are sep och a separate she	parated and you	are married and not fili ir spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infor	mat	ion about your sp	ouse. If	f more space is	needed,
1.	Fill in your empl information.	oyment		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse		
	If you have more than one job,			☐ Employed			☐ Emp	☐ Employed		
	attach a separate page with information about additional employers.		Employment status	■ Not employed			■ Not e	■ Not employed		
		, ,	Occupation	-						
	Include part-time, self-employed wo		Employer's name							
	Occupation may i or homemaker, if		Employer's address							
			How long employed t	here?						
Pa	rt 2: Give De	tails About Mor	nthly Income							
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to r	report for	any	line, write \$0 in th	e space	. Include your n	on-filing
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the informatio	on for all	emp	loyers for that pers	on on th	ne lines below. I	f you need
							For Debtor 1		Debtor 2 or filing spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	0.00	\$	0.00	-
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	-
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Debtor 1 Debtor 2		John Dennis Morgan Billie Irene Morgan	_	Case	number ( <i>if known</i> )				
					Debtor 1		tor 2 or		
	Cop	y line 4 here	4.	\$	0.00	\$	0.00	-	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	=	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	-	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	_	
	5e.	Insurance	5e.	\$_	0.00	\$	0.00	_	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	-	
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	-	
_	5h.	Other deductions. Specify:	5h.+	· —	0.00 +		0.00	-	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00	-	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	0.00	-	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00		
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	-	
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security	8c. 8d. 8e.	\$_ \$_ \$	0.00 0.00 0.00	\$ \$ \$	0.00 0.00 0.00	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SOCIAL SECURITY	e 8f.	\$	1,892.00	\$	690.00	-	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	-	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00 +	\$	0.00	-	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,892.00	\$	690.00	<u> </u>	
10.	Cald	culate monthly income. Add line 7 + line 9.	10. \$		1,892.00 + \$	690.	00 = \$	2,582.00	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines				, if it	2. \$	2,582.00	
13.	Do y	ou expect an increase or decrease within the year after you file this form	n?				Combin monthl	ned y income	
		No.							
		Yes. Explain:							

Eill	in this informa	ation to identify yo	our case.							
Deb	tor 1	John Dennis Morgan						if this is:		
Deb	Debtor 2 Billie Irene Morgan						n amended filing supplement shov	ving postpetition ch	apter	
(Spo	ouse, if filing)		g						the following date:	•
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA							M	M / DD / YYYY		
	e number nown)									
Oi	fficial Fo	rm 106J								
So	chedule	J: Your I	Expen	ses						12/15
Be info nur	as complete a ormation. If m mber (if know	and accurate as nore space is ne n). Answer ever	s possible. eded, attary ry question	If two married people and the change of the						
Par 1.	t 1: Descr Is this a joir	ribe Your House	hold							
••	□ No. Go to									
	_		in a separ	ate household?						
	■ N	0	-	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of D	Debto	or 2.		
2.	Do you have	e dependents?	■ No							
	Do not list D and Debtor 2		☐ Yes.	Fill out this information for each dependent	Dependent's relation			Dependent's age	Does dependent live with you?	_
	Do not state	the					_		□ No	l
	dependents	names.							☐ Yes	
									□ No	
									Yes	
									□ No □ Yes	
							_		☐ Yes	
									☐ Yes	
3.	expenses of	penses include f people other tl d your depende	han $_{oldsymbol{\sqcap}}$	No Yes			_			
Est exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
Incl	lude expense	s paid for with i	non-cash	government assistance i	f vou know					
the		h assistance an		cluded it on Schedule I:			_	Your expe	enses	
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4.	\$		0.00	
	If not include	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
	4b. Prope	rty, homeowner's				4b.			0.00	
				ıpkeep expenses		4c.			25.00	
_		owner's associat				4d.			22.50	
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$		0.00	

ebtor 1		nnis Morgan			
ebtor 2	Billie Irei	ne Morgan	Case num	ber (if known)	
. Utilit	ties:				
6a.		heat, natural gas	6a.	\$	150.00
6b.		ver, garbage collection	6b.	\$	50.00
6c.	Telephone	, cell phone, Internet, satellite, and cable servi	ces 6c.	\$	171.00
6d.	Other. Spe	cify: NORTHSTAR ALARM	6d.	\$	42.00
Food		ekeeping supplies	7.	\$	315.00
		hildren's education costs	8.	\$	0.00
Cloth	hing, laundı	y, and dry cleaning	9.	\$	25.00
. Pers	onal care p	roducts and services	10.	\$	10.00
. Medi	ical and der	ntal expenses	11.	\$	50.00
		Include gas, maintenance, bus or train fare.			
	ot include ca		12.	\$	145.00
. Ente	ertainment, o	clubs, recreation, newspapers, magazines,	and books 13.	\$	0.00
. Char	ritable conti	ibutions and religious donations	14.	\$	0.00
. Insu	rance.				
		surance deducted from your pay or included in			
	Life insura		15a.		0.00
	Health insu		15b.	· ·	0.00
15c.	Vehicle ins	surance	15c.	\$	178.00
		rance. Specify:	15d.	\$	0.00
		clude taxes deducted from your pay or include			
Spec	,		16.	\$	0.00
		ease payments:		•	
		ents for Vehicle 1	17a.	· ·	0.00
		ents for Vehicle 2	17b.	· -	0.00
	Other. Spe		17c.	\$	0.00
	Other. Spe	· ·	17d.	\$	0.00
		of alimony, maintenance, and support that		\$	0.00
		your pay on line 5, Schedule I, Your Income	(Omolai i omi rooi).	· -	
		you make to support others who do not liv	_	\$	0.00
Spec	,	orty avnances not included in lines 4 av E of	19.	aur Inaama	
		erty expenses not included in lines 4 or 5 of on other property	20a.		0.00
	Real estate		20a. 20b.		0.00
			20b. 20c.		
		nomeowner's, or renter's insurance ce, repair, and upkeep expenses	20d. 20d.	·	0.00
				· · ·	0.00
		er's association or condominium dues	20e.	·	0.00
. Otne	er: Specify:	PET SUPPLIES	21.	+\$	40.00
. Calc	ulate your r	nonthly expenses			
	Add lines 4			\$	1,223.50
22b.	Copy line 22	2 (monthly expenses for Debtor 2), if any, from	Official Form 106J-2	\$	
		a and 22b. The result is your monthly expense		\$	1,223.50
	220	ando. The result is your monthly expense	<b>.</b> .		
	•	nonthly net income.			
		12 (your combined monthly income) from Sche			2,582.00
23b.	Copy your	monthly expenses from line 22c above.	23b.	-\$	1,223.50
23c.	Subtract ye	our monthly expenses from your monthly incon	ne.		4 050 50
		is your monthly net income.	23c.	\$	1,358.50
4. <b>Do y</b>	ou expect a	n increase or decrease in your expenses w	ithin the year after you file this	s form?	
For ex	xample, do yo	uexpect to finish paying for your car loan within the yeerms of your mortgage?			or decrease because of a
■ No		,			
4	٠	Explain here:			

Fill in this infor	mation to identify your	case:			
Debtor 1	John Dennis Mor	gan			
	First Name	Middle Name	Las	t Name	
Debtor 2	Billie Irene Morga	n			
(Spouse if, filing)	First Name	Middle Name	Las	t Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIAN	IA	
Case number					
(if known)					☐ Check if this is an
					amended filing
<u>Official For</u>	<u>m 106Dec</u>				
Declarat	tion About a	n Individual	Debto	or's Schedules	12/15
Doolara	TOTT ABOUT U			or o deficación	12/13
If two married n	eonle are filing togethe	hoth are equally respon	ncible for s	supplying correct information.	
ii two mamea p	copic are ming together	, both are equally respon	isible for .	supplying correct information.	
				ed schedules. Making a false stat	
	y or property by fraud in 8 U.S.C. §§ 152, 1341, 1		ruptcy cas	e can result in fines up to \$250,0	00, or imprisonment for up to 20
years, or both. I	10 0.5.6. 99 152, 1541, 1	519, and 5571.			
Sig	n Below				
Sig	II Delow				
Did you pa	ly or agree to pay some	one who is NOT an attorr	ney to help	you fill out bankruptcy forms?	
— N-					
■ No					
☐ Yes.	Name of person				ion Preparer's Notice, Declaration,
				and Signature (Official Fo	orm 119).
Under nena	alty of periury. I declare	that I have read the sum	mary and s	schedules filed with this declarati	on and
	e true and correct.	inat i navo roda ino cami	inary and c	onedates med min into decidi di	on and
			.,		
	nn Dennis Morgan		X	/s/ Billie Irene Morgan	
	Dennis Morgan			Billie Irene Morgan	
Signatu	re of Debtor 1			Signature of Debtor 2	

Date **January 14, 2016** 

Date **January 14, 2016** 

Fill	in this inforr	mation to identify your	case:			
Del	otor 1	John Dennis Mor	gan			
Dal	.t 0	First Name	Middle Name	Last Name		
	otor 2 use if, filing)	Billie Irene Morga First Name	Middle Name	Last Name		
Uni	ted States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Cas	se number					
	own)					Check if this is an amended filing
∩f	ficial Fo	rm 107				
			Affairs for Indivi	duals Filing for E	Bankruptcy	12/1
info	rmation. If m	ore space is needed,	attach a separate sheet	e are filing together, both a to this form. On the top of a		
num	ber (if know	n). Answer every ques	tion.			
Par	t 1: Give D	Details About Your Mai	rital Status and Where Y	ou Lived Before		
1.	What is you	r current marital status	s?			
	<ul><li>■ Married</li><li>□ Not mar</li></ul>	ried				
2.	During the la	ast 3 years, have you l	ived anywhere other tha	n where you live now?		
	□ No					
	_	at all of the places you li	ved in the last 3 years. Do	not include where you live no	ow.	
	Debtor 1 Pr	ior Address:	Dates Debtor lived there	1 Debtor 2 Prior A	Address:	Dates Debtor 2 lived there
		EK BAY DRIVE lis, IN 46217	From-To: <b>3/2010-5/20</b> 1	☐ Same as Debto	r 1	☐ Same as Debtor 1 From-To:
<b>3.</b> state				legal equivalent in a comm Nevada, New Mexico, Puerto		
	■ No				•	,
		ake sure you fill out <i>Sch</i>	edule H: Your Codebtors (	Official Form 106H).		
Par	t 2 Explai	in the Sources of Your	Income			
4.	Fill in the tota	al amount of income you	i received from all jobs an	ting a business during this d all businesses, including pa sive together, list it only once	art-time activities.	alendar years?
	■ No	I in the details.				
	☐ Yes. Fil	illi tile details.				
	☐ Yes. Fil	in the details.	Debtor 1		Debtor 2	

Official Form 107

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Deptor 2	Billie Irene N	lorgan		Cas	se number (if known)	
Include unempl	income regard oyment, and o	lless of wheth ther public be	ner that income is taxable. enefit payments; pensions;	two previous calendar years' Examples of other income are rental income; interest; divider d you have income that you red	alimony; child support; sonds; money collected fro	m lawsuits; royalties; and
List eac	ch source and t	he gross inco	ome from each source sep	arately. Do not include income	that you listed in line 4.	
□ No	)					
_	es. Fill in the de	etails.				
			Debtor 1		Debtor 2	
			Sources of income Describe below	Gross income (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
	ary 1 of curre ou filed for bar		Social Security Income	\$1,892.00	Social Security Income	\$763.00
	lendar year: to December	31, 2015 )	SSI Benefits	\$22,704.00	Social Security Income	\$9,156.00
	endar year be to December		SSI Benefits	\$22,704.00	Social Security Income	\$9,156.00
Part 3: L	List Certain Pather Debtor 1's	yments You or Debtor 2 ebtor 1 nor D	Made Before You Filed to a second result of the second results of	mer debts? nsumer debts. Consumer deb	ts are defined in 11 U.S.	.C. § 101(8) as "incurred by ar
Part 3: L	List Certain Pather Debtor 1's	yments You or Debtor 2 ebtor 1 nor D	's debts primarily consu	mer debts? nsumer debts. Consumer deb	ts are defined in 11 U.S.	.C. § 101(8) as "incurred by an
Part 3: L	List Certain Pather Debtor 1's  D. Neither Deindividual particular	yments You or Debtor 2 ebtor 1 nor Deprimarily for a	's debts primarily consuments of the consuments	mer debts? nsumer debts. Consumer deb		.C. § 101(8) as "incurred by an
Part 3: L	her Debtor 1's  Neither De individual p  During the  No.	or Debtor 2 ebtor 1 nor E primarily for a 90 days befor Go to line 7	's debts primarily consulting to the personal, family, or house one you filed for bankruptcy	mer debts? nsumer debts. Consumer deb ehold purpose."  r, did you pay any creditor a tot	al of \$6,225* or more?	
Part 3: L	her Debtor 1's  Neither De individual p  During the No. Yes	or Debtor 2 ebtor 1 nor E primarily for a 90 days befor Go to line 7 List below e paid that cr	's debts primarily consulting to the personal, family, or house one you filed for bankruptcy '. each creditor to whom you editor. Do not include payring payments to an attorney for the personal payments to an attorney for the personal payments are the personal payments.	mer debts? nsumer debts. Consumer debelold purpose."  r, did you pay any creditor a total paid a total of \$6,225* or more ments for domestic support oblion this bankruptcy case.	al of \$6,225* or more? in one or more paymen gations, such as child so	nts and the total amount you upport and alimony. Also, do
Part 3: L	her Debtor 1's b. Neither De individual p During the No. Yes  * Subject	or Debtor 2 ebtor 1 nor E primarily for a 90 days befor Go to line 7 List below e paid that cr not include to adjustmen or Debtor 2 o	's debts primarily consultation 2 has primarily consultation personal, family, or house one you filed for bankruptcy '.  each creditor to whom you editor. Do not include payr payments to an attorney fit on 4/01/16 and every 3 yor both have primarily co	mer debts? nsumer debts. Consumer debelold purpose."  n, did you pay any creditor a total paid a total of \$6,225* or more ments for domestic support oblion this bankruptcy case. ears after that for cases filed or	al of \$6,225* or more? in one or more paymen gations, such as child so	nts and the total amount you upport and alimony. Also, do
Part 3: L	her Debtor 1's  b. Neither De individual p  During the No. Yes  * Subject  b. Debtor 1 c  During the	or Debtor 2 ebtor 1 nor E primarily for a 90 days befor Go to line 7 List below e paid that cr not include to adjustmen or Debtor 2 o 90 days befor	's debts primarily consultation 2 has primarily consultation personal, family, or house one you filed for bankruptcy '. each creditor to whom you editor. Do not include paying payments to an attorney for ton 4/01/16 and every 3 your both have primarily concert you filed for bankruptcy	mer debts? nsumer debts. Consumer debenold purpose."  n, did you pay any creditor a total paid a total of \$6,225* or more ments for domestic support oblitor this bankruptcy case. ears after that for cases filed on nsumer debts.	al of \$6,225* or more? in one or more paymen gations, such as child so	nts and the total amount you upport and alimony. Also, do
Part 3: L	her Debtor 1's b. Neither De individual p During the No. Yes  * Subject	or Debtor 2 ebtor 1 nor E primarily for a 90 days befor Go to line 7 List below e paid that cr not include to adjustmen or Debtor 2 o 90 days befor Go to line 7 List below e include pay	's debts primarily consultation 2 has been dedicted and attempted to a 4/01/16 and every 3 year both have primarily consultation 2 has been decided for bankruptcy and creditor to whom you each creditor to whom you	mer debts? nsumer debts. Consumer debenold purpose."  n, did you pay any creditor a total paid a total of \$6,225* or more ments for domestic support oblitor this bankruptcy case. ears after that for cases filed on nsumer debts.	al of \$6,225* or more? in one or more payment gations, such as child so or after the date of adjust of \$600 or more?	nts and the total amount you upport and alimony. Also, do ustment.
Part 3: L	her Debtor 1's  Neither De individual p  During the No. Yes  * Subject  Buring the No.	gyments You or Debtor 2 ebtor 1 nor E primarily for a 90 days befor Go to line 7 List below e paid that or not include to adjustmen or Debtor 2 o 90 days befor Go to line 7 List below e include pay an attorney	's debts primarily consultation 2 has primarily consultation personal, family, or house on personal, family, or house one you filed for bankruptcy of the creditor. Do not include paying payments to an attorney for the consultation of the consulta	mer debts? nsumer debts. Consumer debenold purpose."  n, did you pay any creditor a total paid a total of \$6,225* or more ments for domestic support obligor this bankruptcy case.  ears after that for cases filed or nsumer debts.  n, did you pay any creditor a total paid a total of \$600 or more are tobligations, such as child support of the paid a total of \$600 or more are tobligations, such as child support of the paid a total of \$600 or more are tobligations, such as child support of the paid a total of \$600 or more are tobligations, such as child support of the paid a total of \$600 or more are tobligations, such as child support of the paid a total of \$600 or more are tobligations, such as child support of the paid a total of \$600 or more are tobligations, such as child support of the paid a total of \$600 or more are tobligations.	al of \$6,225* or more? in one or more paymen gations, such as child so or after the date of adjust of \$600 or more? and the total amount you poport and alimony. Also,	nts and the total amount you upport and alimony. Also, do ustment.

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	otor 2 Billie Irene Morgan		Cas	se number (if known)		
	Within 1 year before you filed for bankruptour Insiders include your relatives; any general pacorporations of which you are an officer, directincluding one for a business you operate as a support and alimony.	artners; relatives of any ge etor, person in control, or c	neral partners; partners partners of 20% or more	erships of which ye of their voting se	ou are a genera curities; and an	al partner; y managing agent,
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
	Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos  No		yments or transfer a	any property on a	account of a d	ebt that benefited an
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
	List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number	Nature of the case	Court or agency	on suns, paternity	Status of th	ŕ
	Within 1 year before you filed for bankrupton Check all that apply and fill in the details below No		perty repossessed, f	oreclosed, garni	shed, attached	l, seized, or levied?
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
	CAPITAL ONE AUTO FINANCE 3905 NORTH DALLAS PARKWAY Plano, TX 75093	Explain what happene 2008 GMC Envoy w \$8,000		x. 05/2	013	\$8,000.00
	,	☐ Property was reposs☐ Property was forecld☐ Property was garnisl	sed.			
		☐ Property was attach	ed, seized or levied.			
	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  ■ No □ Yes. Fill in the details.		cluding a bank or fi	nancial institutio	n, set off any a	amounts from your
	Creditor Name and Address	Describe the action th	e creditor took	Date taker	action was	Amount
	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a		perty in the possess			efit of creditors, a
	☐ Yes					

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	otor 1 otor 2	John Dennis Morgan Billie Irene Morgan		Case number	(if known)	
Par	t 5:	List Certain Gifts and Contribution	ns			
13.	<u> </u>	n 2 years before you filed for bank No Yes. Fill in the details for each gift.	ruptcy,	did you give any gifts with a total value of more	than \$600 per person	?
	Gifts	s with a total value of more than \$60 person	00	Describe the gifts	Dates you gave the gifts	Value
		on to Whom You Gave the Gift and ress:	t			
14.	<u> </u>	in <b>2 years before you filed for bank</b> No Yes. Fill in the details for each gift or o		did you give any gifts or contributions with a tot	tal value of more than	\$600 to any charity
	Gifts more Char	s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Cod	total	Describe what you contributed	Dates you contributed	Value
Par	t 6:	List Certain Losses				
15.	disas	n 1 year before you filed for bankruster, or gambling?  No  Yes. Fill in the details.  cribe the property you lost and the loss occurred	<b>Descr</b> Include	ibe any insurance coverage for the loss e the amount that insurance has paid. List g insurance claims on line 33 of Schedule A/B: rty.	pthing because of thef  Date of your  loss	t, fire, other  Value of property lost
Par	t 7:	List Certain Payments or Transfer	s			
16.	Includ	ulted about seeking bankruptcy or de any attorneys, bankruptcy petition   No Yes. Fill in the details.	prepari	rs, or credit counseling agencies for services require	ed in your bankruptcy.	
	Addı Ema	on Who Was Paid ress il or website address on Who Made the Payment, if Not `	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
17.	prom Do no		ditors o	id you or anyone else acting on your behalf pay or to make payments to your creditors? ted on line 16.	or transfer any prope	rty to anyone who
		on Who Was Paid		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1	John Dennis Morgar
Debtor 2	Billie Irene Morgan

Case number (if known)

beneficiary? (These are often called asset-protection devices.)  Name of trust  Description and value of the property transferred  Date Transfermade  Part 8:  List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clic sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Steet, City, State and 2IP Code)  No  Yes. Fill in the details.  No  Yes. Fill in the details.  No  Address (Number, Steet, City, State and 2IP Code)  Who else had access to it? Address (Number, Steet, City, State and 2IP Code)  No  Yes. Fill in the details.  Name of Financial Institution Address (Number, Steet, City, State and 2IP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Steet, City, State and 2IP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Steet, City, State and 2IP Code)  Who else has or had access to it?  Address (Number, Steet, City, State and 2IP Code)  No  Yes. Fill in the details.  Do you still have it?  Address (Number, Steet, City, State and 2IP Code)  Who else has or had access to it?  Address (Number, Steet, City, State and ZIP Code)  No  Yes. Fill in the details.  Owner's Name  Address (Number, Steet, City, State and ZIP Code)  Where is the property?  (Number, Steet, City, State and ZIP Code)  Yes. Fill in the details.  Owner's Name  Address (Number, Steet, City, State and ZIP Code)  Yes, Fill in the Getails.  Owner's Name  Address (Number, Steet, City, State and ZIP Code)  Yes, Fill in the details.  Owner's Name  Address (Number, Steet, City, State and ZIP Code)  Yes, Fill in the details.	10	Within 2 years before you filed for bonky, w	tou did vou cell trede	ar athamiisa tu	anafar anı	nuonauty ta anyona ath	or then prepar	4
No   Yes. Fill in the details.   Description and value of property with the details.   Description and value of property transferred   Describe any property or payments received or debts paid in exchange   Person's relationship to you	18.	transferred in the ordinary course of your be include both outright transfers and transfers m	ousiness or financial afformation as security (such as	airs? the granting of a	-			•
Person Who Received Transfer Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you is beneficiary? (These are other called asset-protection devices.)    No		_ ′	ay noted on this statemen					
Address Person's relationship to you    Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you a beneficiary? (These are other called asset-protection devices.)    No		_						
Person's relationship to you    Within 10 years before you filled for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you a beneficiary? (These are often called asset-protection devices.)			•		payme	ents received or debts		er was
beneficiary? (These are often called asset-protection devices.)  Name of trust  Description and value of the property transferred  Date Transfermade  Part 3:  List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, clr sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes, Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Do you stitle the details.  No  Yes, Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Where is the property?  (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Yes, Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Owner's Name  Address (Number,		Person's relationship to you			paiu	n exchange		
Yes. Fill in the details.   Name of trust   Description and value of the property transferred   Date Transfermade	19.	beneficiary? (These are often called asset-pro-		ny property to a	a self-settle	d trust or similar device	of which you	are a
Name of trust  Description and value of the property transferred  Date Transfermade  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, cle sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions.  No  No  Yes, Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  No  Yes, Fill in the details.  No  No  Yes, Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Where is the property?  (Number, Street, City, State and ZIP Code)  Yes, Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Yes, Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Yes, Fill in the details.								
Part 8:  List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, cle sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in the for someone.  No  Yes. Fill in the details.  No  Yes. Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.			Description and v	value of the pro	perty trans	sferred		er was
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, cle sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)							made	
sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  Where is the property?  (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  Where is the property?  (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Owner's Name  Address (Number, Street, City, State and ZIP Code)	Par	t 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and S	torage Uni	ts		
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions.    No	20.		cy, were any financial ac	counts or inst	ruments he	eld in your name, or for	your benefit, c	losed,
Yes. Fill in the details.   Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   Last 4 digits of account number   Instrument   Closed, sold, moved, or transferred   Instrument   Closed, sold, moved, or transferred   It is transf		Include checking, savings, money market, houses, pension funds, cooperatives, asso				it; shares in banks, cred	lit unions, brol	kerage
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)    No   Yes. Fill in the details.   Who else had access to it? Address (Number, Street, City, State and ZIP Code)   Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)   Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)   Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)   Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)   Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)   One of the contents   Do you stip have it?								
Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred transferred transferred.  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for secur cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code) To you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in to ro someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information			Last 4 digits of	Type of acco	unt or	Date account was	l ast h	alance
Cash, or other valuables?  ■ No  □ Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  ■ No  □ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Bo you sting the contents of the		Address (Number, Street, City, State and ZIP	•	<b>5</b> .		closed, sold, moved, or	before clos	
Yes. Fill in the details.   Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   Address (Number, Street, City, State and ZIP Code)   Describe the contents   Do you sti have it?	21.		year before you filed fo	r bankruptcy, a	ny safe de	posit box or other depos	sitory for secu	rities,
Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else  3. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in the for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information		_						
No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in the for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information			Address (Number, S			the contents	•	ill
☐ Yes. Fill in the details.         Name of Storage Facility       Who else has or had access to it?         Address (Number, Street, City, State and ZIP Code)       Do you stit have it?         Address (Number, Street, City, State and ZIP Code)       Part 9: Identify Property You Hold or Control for Someone Else         23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in the for someone.         ☐ No       Yes. Fill in the details.         Owner's Name Address (Number, Street, City, State and ZIP Code)       Where is the property? (Number, Street, City, State and ZIP Code)         Part 10: Give Details About Environmental Information	22.	Have you stored property in a storage unit	or place other than you	r home within 1	l year befo	re you filed for bankrup	tcy	
☐ Yes. Fill in the details.         Name of Storage Facility       Who else has or had access to it?         Address (Number, Street, City, State and ZIP Code)       Do you stit have it?         Address (Number, Street, City, State and ZIP Code)       Part 9: Identify Property You Hold or Control for Someone Else         23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in the for someone.         ☐ No       Yes. Fill in the details.         Owner's Name Address (Number, Street, City, State and ZIP Code)       Where is the property? (Number, Street, City, State and ZIP Code)         Part 10: Give Details About Environmental Information		■ No						
Address (Number, Street, City, State and ZIP Code)  to it? Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in the for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information		_						
Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in the for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information			to it? Address (Number, S			the contents	•	ill
Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in a for someone.  ■ No □ Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information			State and ZIP Code)					
for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information	Par	t 9: Identify Property You Hold or Control	for Someone Else					
☐ Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information	23.		omeone else owns? Incl	ude any propei	rty you bor	rowed from, are storing	for, or hold in	trust
Address (Number, Street, City, State and ZIP Code)  (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information		_						
Part 10: Give Details About Environmental Information			(Number, Street, City, S		Describe	the property		Value
			,					
For the purpose of Part 10, the following definitions apply:		<del></del>						

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 **John Dennis Morgan**Debtor 2 **Billie Irene Morgan** 

Case number (if known)

	reg	liations controlling the cleanup of thes	e sui	bstances, wastes, or material.					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort a	Il notices, releases, and proceedings th	nat yo	ou know about, regardless of when	1 th	ey occurred.			
24.	Has	any governmental unit notified you that	at you	u may be liable or potentially liable	un	der or in violation of an environm	ental law?		
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	ı	Environmental law, if you know it	Date of notice		
25.	Hav	e you notified any governmental unit o	f any	release of hazardous material?					
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	ı	Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or ad	minis	strative proceeding under any envi	ron	nmental law? Include settlements	and orders.		
		No Yes. Fill in the details.							
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case		
Par	t 11:	Give Details About Your Business or	Con	nections to Any Business					
27.	Wit	nin 4 years before you filed for bankrup	tcy, o	did you own a business or have an	ıy o	of the following connections to an	y business?		
		lacksquare A sole proprietor or self-employed	in a t	trade, profession, or other activity,	eit	her full-time or part-time			
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
		☐ A partner in a partnership							
		☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the votin	ng or	equity securities of a corporation					
		■ No. None of the above applies. Go to Part 12.							
		Yes. Check all that apply above and fil	ll in t	he details below for each business	s.				
		siness Name dress	De	scribe the nature of the business		Employer Identification numbe Do not include Social Security			
	(Nu	mber, Street, City, State and ZIP Code)	Na	me of accountant or bookkeeper		Dates business existed			
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, (	did you give a financial statement t	to a	anyone about your business? Incl	ude all financial		
		No							
		Yes. Fill in the details below.							
		me dress nber, Street, City, State and ZIP Code)	Da	te Issued					
		<u>_</u>							

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

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Deptor 1	John Dennis Worgan	
Debtor 2	Billie Irene Morgan	Case number (if known)
aro truo a	nd correct   understand that making a fals	e statement, concealing property, or obtaining money or property by fraud in connection
		0,000, or imprisonment for up to 20 years, or both.
	§§ 152, 1341, 1519, and 3571.	,,000, or imprisonment for up to 20 years, or both.
	33 10-, 10 11, 10 10, 4114 001 11	
/s/ John	Dennis Morgan	/s/ Billie Irene Morgan
John De	ennis Morgan	Billie Irene Morgan
Signatur	e of Debtor 1	Signature of Debtor 2
Date J	anuary 14, 2016	Date January 14, 2016
Did you a	ttach additional pages to Your Statement	of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No	. •	· · · · · · · · · · · · · · · · · · ·
☐ Yes		
Did you p	ay or agree to pay someone who is not an	attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes. Na	ame of Person Attach the Bankruptc	Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court** Southern District of Indiana

In re	John Dennis Morgan Billie Irene Morgan		(	Case No.		
		Debtor(s)	(	Chapter	13	
	DISCLOSURE	OF COMPENSATION OF	ATTORNEY F	OR DE	CBTOR(S)	
cc	ompensation paid to me within one y	ed. Bankr. P. 2016(b), I certify that I an ear before the filing of the petition in ba in contemplation of or in connection w	ankruptcy, or agreed t	o be paid	to me, for services rendere	ed or to
	For legal services, I have agreed	to accept	\$		4,000.00	
	Prior to the filing of this stateme	nt I have received	\$		0.00	
	Balance Due		\$		4,000.00	
2. TI	he source of the compensation paid	o me was:				
	■ Debtor □ Other (spe	cify):				
3. TI	he source of compensation to be paid	I to me is:				
	■ Debtor □ Other (spe	cify):				
4.	I have not agreed to share the abo	we-disclosed compensation with any oth	er person unless they	are mem	pers and associates of my l	aw firm.
		isclosed compensation with a person or ith a list of the names of the people share				rm. A
5. Ir	n return for the above-disclosed fee,	I have agreed to render legal service for	all aspects of the bar	nkruptcy c	ase, including:	
b. c.	Preparation and filing of any petiti Representation of the debtor at the [Other provisions as needed]	ituation, and rendering advice to the del on, schedules, statement of affairs and p meeting of creditors and confirmation led creditors to reduce to market v	olan which may be rec nearing, and any adjo	quired; urned hea	rings thereof;	
		s and applications as needed; pre e of liens on household goods.	eparation and filing	g of moti	ons pursuant to 11 US	SC
6. B	y agreement with the debtor(s), the	bove-disclosed fee does not include the	following service:			
		CERTIFICATIO	N			
	certify that the foregoing is a comple nkruptcy proceeding.	te statement of any agreement or arrang	ement for payment to	me for re	presentation of the debtor	(s) in
Ja	nuary 14, 2016		Gadberry			
Da	te		adberry 31975-29 of Attorney			
		Gloyeski	Law Office			
			th Keystone Aven	ue		
			olis, IN 46240 2416   Fax: 317-28	3-2600		
			lawin@hotmail.co	m		
		Name of la	aw firm			

## **United States Bankruptcy Court** Southern District of Indiana

In re	John Dennis Morgan Billie Irene Morgan	Case	Case No.	
		Debtor(s) Chapt	er <b>13</b>	
VERIFICATION OF CREDITOR MATRIX  The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.				
Date:	January 14, 2016	/s/ John Dennis Morgan		
		John Dennis Morgan		
		Signature of Debtor		
Date:	January 14, 2016	/s/ Billie Irene Morgan		
Billie Irene Morgan				

Signature of Debtor

ACCEPTANCE NOW 5501 HEADQUARTERS PLANO, TX 75024

ALLY FINANCIAL ATTN: BANKRUPTCY DEPT 200 RENAISSANCE CTR DETROIT, MI 48243

AMERI MARK PREMIER PO BOX 2845 MONROE, WI 53566

APELLES PO BOX 1197 WESTERVILLE, OH 43086

AT & T C/O ENHANCED RECOVERY CO PO BOX 57547 JACKSONVILLE, FL 32241

AT&T MOBILITY PO BOX 5014 CAROL STREAM, IL 60197-5014

CAPITAL ONE FINANCIAL PO BOX 71083 CHARLOTTE, NC 28272

CAPITALONE BANK USA P.O. BOX 30281 SALT LAKE CITY, UT 84130

COMENITY BANK/FASHBUG PO BOX 182272 COLUMBUS, OH 43218

COMENITY BANK/ROOM PLACE PO BOX 182125 COLUMBUS, OH 43218

CREDENCE 17000 DALLAS PARKWAY SUTIE 204 DALLAS, TX 75248

CREDIT ONE BANK
PO BOX 98873
LAS VEGAS, NV 89193

DR. LEONARDS PO BOX 2845 MONROE, WI 53566

DUKE ENERGY
PO BOX 9001076
LOUISVILLE, KY 40290

FIRST HEALTH PART D PO BOX 6555 CAROL STREAM, IL 60197

FIRST LINE FINANCIAL 2405 S MICHIGAN AVENUE CHICAGO, IL 60616

FREEDOM MORTGAGE CORPORATION INTERSTATE COMMERCE CENTER BUILDING 9, SUITE 200 NORFOLK, VA 23502

GE CAPITAL RETAIL BANK PO BOX 960061 ORLANDO, FL 32896

K JORDAN 913 FIRST AVENUE CHIPPEWA FALLS, WI 54729

MAYFAIR VILLAGE HOMEOWNERS 111711 N COLLEGE AVE SUITE 100 CARMEL, IN 46032

MIDNIGHT VELVET 1112 7TH AVENUE MONROE, WI 53566 NORTHSTAR ALARM SERVICES 1280 S 800 E SUITE 350 OREM, UT 84097

S.T. SYSTEMS 8008 TYLER ST MERRILLVILLE, IN 46410

SELECT COMFORT/GECRB PO BOX 965036 ORLANDO, FL 32896

SHOP NOW PAY PLAN PO BOX 2852 MONROE, WI 53566

SYNCB/AMAZON PLCC P.O BOX 965015 ORLANDO, FL 32896

SYNCB/CARE CREDIT P.O. BOX 965036 ORLANDO, FL 32896

UNITED CONSUMER FINANCIAL SERVICES BASS & ASSOCIATES, P.C. 3936 E FT LOWELL RD STE 200 TUCSON, AZ 85712 WEBBANK/FINGERHUT 6250 RIDGEWOOD ROA SAINT CLOUD, MN 56303